BEST AVAILABLE COPY

DATENT	ADDI ICATION	FEE DETERMINATION RECORD
PAICKI	APPLICATION	FEE DETENMINATION NECOND

Effective October 1, 2000

Application or Docket Number

09/883082

CLAIMS AS FILED - PART I (Column 1)			(Column 2)		_	SMALL ENTITY TYPE			OTHER THA			
TOTAL CLAIMS			29				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	· 710:00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		•			X\$ 9=	,	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		• 5			X40=	890	OR	X80=	•
MULTIPLE DEPENDENT CLAIM PRESENT						Ì	+135=		OR	+270=	:	
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	L	TOTAL	445	OR	TOTAL		
CLAIMS AS AMENDED - PAR					T II				7		OTHER	THAN
(Column 1) (Colum						(Column 3)	_	SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FIRST PRESE	INTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+135=		OR	+270=	
						•	L.	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	, A	NDDIT. FEE			ADDĮT. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┚┟	+135=		OR	+270=	
							L	TOTAL			TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2) HEST	(Column 3)	1 -			ì		···
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]	X40=			X80=	
[FIRST PRESE	ENTATION OF M	IULTIPLE DE	PENDEN	T CLAIN		∮ ↓			OR		
	if the entering of		the enterin	h 0	40" in -	olumn 2		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
•		umber Previously f mber Previously Pa					er fou	nd in the ap	propriate bo	x in co	olumn 1.	